

PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY

Mail: P.O. Box 40919 OLYMPIA, WASHINGTON 98504-0919
(360) 753-3444

DO NOT WRITE IN THIS SPACE

**PETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION**

[] Amended Petition in Case _____ -E- _____

RECEIVED
OLYMPIA, WA
JUN 29 2006
PUBLIC EMPLOYMENT
RELATIONS COMMISSION

Instructions: See other side of this form:

Applicable Rules: Chapter 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER City of Tacoma

CONTACT PERSON Eric Anderson, City Manager
ADDRESS 747 Market Street
CITY/STATE Tacoma, WA ZIP 98402
TELEPHONE 253-591-5130 EXT. FAX

ATTORNEY or Mark Cassidy
REPRESENTATIVE 747 Market St, Room 1120
ADDRESS FAX
CITY/STATE Tacoma, WA ZIP 98402
TELEPHONE 253-591-5560 EXT. FAX 253-591-5755

2. PETITIONER Washington State Council of County and City Employees

CONTACT PERSON Bill Keenan, Director of Organizing
ADDRESS P.O. Box 750
CITY/STATE Everett, WA ZIP 98206-0750
TELEPHONE 425-303-8818 EXT. 227 FAX 3038906

ATTORNEY or Audrey Eide
REPRESENTATIVE General Counsel
ADDRESS P.O. Box 750
CITY/STATE Everett, WA ZIP 98206-0750
TELEPHONE 425-3038818 EXT. 229 FAX 3038906

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:

- ☒ The employees involved are not currently represented for bargaining; or
☐ The employees involved are currently represented by:

ORGANIZATION

CONTACT PERSON
ADDRESS
CITY/STATE ZIP
TELEPHONE EXT. FAX

ATTORNEY or
REPRESENTATIVE
ADDRESS
CITY/STATE ZIP
TELEPHONE EXT. FAX

4. COLLECTIVE BARGAINING AGREEMENT Indicate:

- ☒ There has never been an agreement covering the employees involved; or
☐ A copy of the current (most recent) agreement is attached.

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. BARGAINING UNIT

a. EMPLOYER'S PRINCIPAL BUSINESS
City Government

b. DEPARTMENT OR DIVISION INVOLVED;
Information Technology Department/SAP Division

c. DESCRIPTION OF BARGAINING UNIT Indicate
inclusions/exclusions, contract page or case/decision number:
Management Analyst I, Management Analyst II.

Excluding confidential employees, Management Analyst III, Senior Management Analysts, supervisors, Management Analysts I, II and III who conduct training, and all other employees.

d. NUMBER OF EMPLOYEES IN BARGAINING UNIT 23

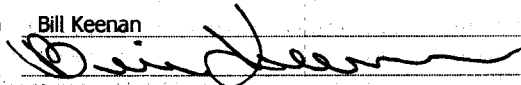
6. DESIGNATION OF REQUEST Indicate one:

- ☒ **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.
- ☐ **CHANGE OR REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.
- ☐ **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.
- ☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.
- ☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS Indicate, if applicable:

- ☐ Additional information is set forth on separate sheets attached to this petition form.

9. AUTHORIZED SIGNATURE FOR PETITIONER

NAME (PRINT) Bill Keenan
SIGNATURE 
TITLE Director of Organizing DATE 6/28/06